

MAR 16 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BUCHANANRegistration District No. 155Township WASHINGTONPrimary Registration District No. 155City ST. JOSEPH, MO.(No. 907 SOUTH NINTH ST.)File No. 5088Registered No. 172St. Ward 2. FULL NAME INFANT CURTIS(a) Residence, No. 9330 LESSING, DETROIT, MICH. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

FEMALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

INFANT

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFINFANT6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 11, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, 8 hrs.or 2 min.000

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.NONE9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation 12. BIRTHPLACE (CITY OR TOWN) ST. JOSEPH,
(STATE OR COUNTRY) MISSOURI

FATHER

13. NAME

RALPH CURTIS14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)ST. JOSEPH, MO.

MOTHER

15. MAIDEN NAME

RUTH MAY WILLIS16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)ST. JOSEPH, MO.17. INFORMANT RALPH CURTIS
(ADDRESS) 9330 LESSING, DETROIT MICH

18. BURIAL, CREMATION, OR REMOVAL

PLACE MT. AUBURN CEM.DATE FEB 12 193719. UNDERTAKER FLEEMAN & SON, INC.
(ADDRESS) 1946 COL HOUN ST. JOSEPH, MO.20. FILED FEB 12 1937 AJ Kuttelish
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 11, 1937 , 19 37

22. I HEREBY CERTIFY That I attended deceased from

on , 19 Feb. 11 , 19 37I last saw h alive on Meier , 19 Death is saidto have occurred on the date stated above, at 12:30 A.M. Byron C. B.

The principal cause of death and related causes of importance were as follows:

Prematurity - (6 mo.) Date of onset

Other contributory causes of importance:

HydrocephalusSpina bifida Name of operation none Date of What test confirmed diagnosis? exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

 Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? noIf so, specify (Signed) E. E. Wadlow , M. D.(Address)

